

NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

MISCELLANEOUS REPORTS ON WELLS

Submit this report in triplicate to the Oil Conservation Commission or its proper agent within ten days after the work specified is completed. It should be signed and sworn to before a notary public for reports on beginning drilling operations, results of shooting well, results of test of casing shut-off, result of plugging of well, and other important operations, even though the work was witnessed by an agent of the Commission. Reports on minor operations need not be signed and sworn to before a notary public. See additional instructions in the Rules and Regulations of the Commission.

Indicate nature of report by checking below:

REPORT ON BEGINNING DRILLING OPERATIONS		REPORT ON REPAIRING WELL	
REPORT ON RESULT OF SHOOTING OR CHEMICAL TREATMENT OF WELL		REPORT ON PULLING OR OTHERWISE ALTERING CASING	
REPORT ON RESULT OF TEST OF CASING SHUT-OFF	X	REPORT ON DEEPENING WELL	
REPORT ON RESULT OF PLUGGING OF WELL			

Wink, Texas, March 15, 1937

Place

Date

OIL CONSERVATION COMMISSION,
SANTA FE, NEW MEXICO.

Gentlemen:

Following is a report on the work done and the results obtained under the heading noted above at the

THE TEXAS COMPANY**State Aggies**Well No. **5** in the

Company or Operator

Lease

SE-1/4of Sec. **31**, T. **20 S**, R. **37 E**, N. M. P. M.,**Eunice**

Field,

Lea

County.

The dates of this work were as follows: **See below**Notice of intention to do the work was ~~xxxxxx~~ submitted on Form C-102 on **March 12,** 19**37**

and approval of the proposed plan was [was not] obtained. (Cross out incorrect words.)

DETAILED ACCOUNT OF WORK DONE AND RESULTS OBTAINED

Set and cemented 1140' of 9-5/8" OD 40# seamless casing (37 Jts) at 1157' with 600 sacks Trinity Common cement. Completed cementing at 9:00PM 3-11-37.

Drilled plug 11:00AM 3-14-37. Tested casing with 1400# pressure before and after drilling plug; tested OK.

Witnessed by _____
Name Company Title

Subscribed and sworn before me this _____

15th day of **March**, 19**37**

W. C. Chapman
Notary Public

My commission expires **5-31-37**

I hereby swear or affirm that the information given above is true and correct.

Name *[Signature]*Position **District Superintendent**Representing _____
Company or Operator

Address _____

Remarks:

[Signature]
Title